D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

REFERRAL FORM FOR SC DHEC HOME HEALTH SERVICES

Referral Date: _____

DHEC Home Health County: _____

(Optional) Phone #: _____ Fax #: _____

PATIENT DEMOGRAPHICS:

Name: _____ Phone #: (home/ work/ cell): _____

Street Address: _____ City: _____ Zip: _____

DOB: _____ SS#: _____ Race: _____ Sex: ☐ Male ☐ Female

Parent/Guardian: _____

Phone of Guardian (if different from above): _____

INSURANCE INFORMATION:

Type of Insurance: _____ Policy/ID #: _____

Policy Holder's Name: _____ Insurance Phone#: _____

REASON FOR REFERRAL:

CLINICAL INFORMATION:

☐ Lab Work requested: _____

☐ CHF Protocol _____

☐ Wound Care requested: _____

☐ Home IV Therapy Training _____

☐ Other: _____

PLEASE CHECK HOME CARE DISCIPLINE NEEDED:

☐ Skilled Nursing ☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Medical Social Worker ☐ Home Health Aide

REFERRING PHYSICIAN INFORMATION:

Physician Name: _____ Phone #: _____

Address: _____

INITIATOR'S INFORMATION:

Requested date for services to begin: _____

Person completing Referral Form: _____ Phone #: _____

Disclaimer:

This referral form does not guarantee admission to SC DHEC Home Health Services. Please fax referrals during office hours: Monday – Friday (8:30a.m. until 5:00p.m.). After fax receipt, someone from our office will contact you for further coordination of services. Thank you for your referral.

Instructions for Completing - SCDHEC Home Health Services Referral Form

DHEC 1610c

Purpose: This form will be used for documenting requests for DHEC Home Health Services via the DHEC Internet.

Item-by-Item Instructions:

Referral Date: The date that the referral is faxed.

Home Health Agency Name: Indicate the DHEC home health county location that is intended to receive the referral. Please indicate the Home Health Agency by locating the area that the patient lives in under the "HHS Contact" map on the website. A space is included for documenting the county and fax number on the referral in case it is needed for faxing the referral.

Patient Demographics:
Name: Enter the name of the person referred.
Address: Enter the street address and city of the person referred.
Phone Number: Enter the land and cell phone (if known) of the person referred.
DOB: Enter the date of birth of the person referred.
SS #: Enter the social security number of the person referred.

Insurance Information:
Type of Insurance: Enter the type of insurance the patient has (ie Medicare, Medicaid, Private Insurance, VA)
Policy ID #: Enter the policy ID number for the insurance source.
Insurance Phone Number: Enter the number of the Insurance Case Manager or Insurance Company if applicable.

Reason for referral: Specify the reason the patient is being referred. Example: Specific disease education and management, compliance issues, wound care, IV medication administration and teaching, medication teaching, psychosocial issues and concerns etc.

Clinical Information: Indicate any specific clinical orders or diagnosis (es) that are applicable.

Disciplines: Please check requested disciplines.

Discipline Needed: Circle what home care discipline(s) is needed for the patient.

Referring Physician Information: Enter the referring physician's name and phone number. This information needs to be accurate so that DHEC can obtain doctor's orders.

Initiator's Information: Indicate the requested date for services to begin for the patient/client so that DHEC can check for availability. Person initiating the referral signs in the space provided and documents a phone number for contact so DHEC staff can contact the initiator for further coordination and acceptance of referral.

Office Mechanics and Filing: DHEC 1610c will be accessed through the Internet under the Home Health Services home page. DHEC will file the referral in the medical record as noted in Home Health Policy 4020 if the patient is taken under care. If DHEC cannot accept the referral, DHEC will contact the initiator. No medical record will be initiated and the referral will be shredded.